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Division of Program Quality and Outcomes

Encounter Data Validation Study

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Table of Contents

BACKGROUND AND INTRODUCTION.....	4
METHODOLOGY	5
FINDINGS.....	7
PHARMACY.....	7
DENTAL	15
MEDICAL.....	22
CONCLUSION	30
ANTHEM BCBS MEDICAID	30
COVENTRYCARES.....	31
HUMANA-CARESOURCE	31
PASSPORT HEALTH PLAN	32
WELLCARE OF KY	33
OVERALL STATUS OF COMPARISONS	33
LIMITATIONS.....	34
RECOMMENDATIONS	34
REFERENCES	35

List of Tables

Table 1A: Kentucky Data Warehouse Pharmacy Data Date Frequency for Adjudication Dates July 1, 2015 - September 30, 2015	8
Table 1B: MCO Pharmacy Data Date Frequency for Adjudication Dates July 1, 2015 - September 30, 2015	9
Table 1C: Pharmacy Lagging Claims Analysis for DMS-Captured Data (Dispense Dates and Adjudication Dates from July 1, 2015 to September 30, 2015)	12
Table 1D: MCO-Submitted Pharmacy Claims Compared to DMS Data on ID, Date of Dispense and NDC Codes	13
Table 1E: Pharmacy Discrepancy Responses Breakdown	14
Table 2A: Kentucky Data Warehouse Dental Data Date Frequency	15
Table 2B: MCO-Submitted Dental Data Date Frequency	16
Table 2C: Dental Lagging Claims Analysis for DMS Captured Data (Dispense Dates and Adjudication Dates Between July 1, 2015 and September 30, 2015)	18
Table 2D: MCO-Submitted Dental Claims Compared to DMS Data on ID, Date of Service and CDT Codes	19
Table 2E: Dental Discrepancy Responses Breakdown	21
Table 3A: Kentucky Data Warehouse Medical Encounter Data Date Frequency	22
Table 3B: MCO-Submitted Medical Encounter Data Date Frequency	23
Table 3C: Medical Lagging Claims Analysis for DMS Captured Data (Dispense Dates and Adjudication Dates between July 1, 2015 and September 30, 2015)	25
Table 3D: MCO-Submitted Medical Claims Compared to DMS Data on ID, Date of Service and Primary Diagnosis Codes, CPT and/or DRG and/or REV Codes	27
Table 3E: Medical Discrepancy Responses Breakdown	29

List of Figures

Figure 1: Pharmacy Claim Volumes per Diem from DMS-Extracted and MCO-Submitted Data	11
Figure 2: Dental Claim Volumes per Diem from DMS-Extracted and MCO-Submitted Data	17
Figure 3: Medical Encounter Claim Volumes per Diem from DMS-Extracted and MCO-Submitted Data	24

Background and Introduction

The drive to improve healthcare quality efforts through accurate data capture has led to concerted efforts on the federal and state level to improve encounter data reporting. The Centers for Medicare and Medicaid Services (CMS) requires fee-for-service (FFS) and encounter data reporting through the Medicaid Statistical Information System (MSIS). However, Medicaid encounter data can be incomplete, and late submissions can lead to underreported figures that are subsequently used for state decisions. Regular and ongoing encounter data validations can assess incorrectly captured or missing information as well as sudden changes in membership or services rendered. Accurate data capture can help ensure that valid information is used in future data collaboration projects, set capitation rates and Managed Care Organization (MCO) performance benchmarks and conduct provider assessments.

MCOs in Kentucky are obligated to submit encounter data as per Section 16.1 of their contract with the state. The MCO contract summarizes the Department for Medicaid Services (DMS) policy for submissions, adjustments and checks of encounter data. Additionally, the usage of the collected data is discussed. Appendix F of the stated MCO contract lists a summary of the encounter data process and usage by the state.

As stated in MCO contracts (Appendix F), MCOs must submit, at minimum, all adjudicated (paid or denied), corrected and adjusted encounter data on a weekly basis for the previous month. Encounters must be submitted via HIPAA 837 and National Council for Prescription Drug Programs (NCPDP) standard transaction files for professional, dental and pharmacy claims as well as enrollment and eligibility data. Appropriate codes and provider information must be submitted with the records.

Appendix F in MCO contracts lists data quality standards for the submitted files. Enrollee information such as name, ID, and DOB and provider NPI and location are emphasized. If errors exceed or equal 5% of the total submission, the entire submission is returned to the MCO for corrections and must be resubmitted within 30 days of receipt. If the error threshold is below 5%, records are processed by DMS for inclusion into the MIS system. MCO claims with errors and also a status of “denied” are not included in the error threshold calculation, and may be included in the MIS system. MCOs have 30 days to address claims returned for correction and must resubmit upon resolution. Penalties for lateness or unwillingness to comply are given by DMS, and MCOs have the right to dispute appropriateness of penalty assessments prior to their enactments.

As per Appendix F of the MCO contract, an annual validity study is conducted by DMS to assess the soundness and accuracy of encounter data submissions. For the Kentucky encounter data validation study proposal, Island Peer Review Organization (IPRO) suggested a validation of all MCO pharmacy, dental, and medical encounter data against DMS’s captured encounter data for a specified time period to assess if information was lacking on the state level, and if timeliness of claim capture could impact accurate reporting of data. The five organizations involved in the Kentucky study were Anthem BCBS Medicaid, Humana-CareSource, CoventryCares, Passport Health Plan and Wellcare of KY. The purpose of the study is to assess if DMS is missing information from MCOs due to claim lags or adjustments, and if there are additional data edit checks DMS could implement going forward.

Methodology

As medical encounter claims include a variety of billing information and service codes, IPRO restricted data file specifications to a few specific fields: member ID, dates of service, adjudication and admission, International Classification of Diseases, version 9 (ICD-9) diagnosis, and procedure codes (limited to the first four codes reported on the claim line detail), Current Procedural Terminology (CPT®), place of service, provider name and national provider identifier (NPI), payment amounts, revenue, and diagnosis-related group (DRG) codes. Since this data was captured prior to the ICD-10 implementation date, IPRO restricted the data to ICD-9 diagnosis and procedure codes.

Dental claim file layouts were similar to the medical file layouts except for admission dates, diagnosis, ICD-9 procedure codes, and DRG and revenue codes. These fields are not pertinent to dental services. Current Dental Terminology (CDT) codes were captured in the procedure code field and servicing provider information (NPI, Name and ID) were populated in the appropriate provider fields.

For Pharmacy claims, the file specifications included member ID, dates of drug dispense and claim adjudication, National Drug Codes (NDC), quantity of drug dispensed, days of supply, payment amounts, prescribing provider names and NPI.

Specifications were shared with MCOs, and they were required to provide all medical, dental and pharmacy data for adjudication dates between July 1, 2015 and September 30, 2015. MCOs submitted separate files for each encounter type in February 2016. Files were reviewed against file layout specifications. Questions and concerns regarding the files were sent to each respective MCO to address any issues found, and resubmitted files were reviewed to ensure the issues were resolved.

Updated MCO final files were then standardized and aggregated into one medical, one pharmacy and one dental file to compare against the state's data extracts for each claim type. Using Statistical Analysis System (SAS) software, frequencies and graphs were generated based on records submitted, members and providers captured, dates of service, dates of adjudication, and dates of state submission. SAS was also used to conduct table merges between the MCO aggregated file and the state data warehouse file to find all possible matches.

IPRO did not require DMS to submit file extracts for the requested time period. IPRO receives monthly data extracts from DMS for dental, pharmacy and medical claims and appends these monthly extracts to their respective DMS claims tables housed on IPRO's servers. On the 5th of every month, IPRO receives batch files for member encounter data, enrollment and demographic data as well as provider tables. These data are received and validated and reports regarding trends or changes in enrollment are submitted to DMS via File Transfer Protocol (FTP).

In March 2016, IPRO used the aggregated data extracts (for extracts received up to March 2016) for Dental and Medical claims to compare Member IDs, dates of service and codes. All pharmacy claims for adjudication dates July 1, 2015 to September 30, 2015 were used to compare against the MCO data, as adjudication dates were captured in DMS data.

MCO files were aggregated by claim type to run comparisons against DMS data. Upon further review, IPRO noticed that the state does not collect complete information on adjudication dates for medical and dental data. To correct for this, IPRO ran a separate query filtering DMS medical and dental data (dates of service between July 1, 2015 to September 30, 2015, and dates of DMS submissions from July 1, 2015 to October 31, 2015) in order to run frequencies comparing record counts and dates of service and adjudication. MCO medical and dental data were filtered to dates of service between July 1, 2015 to September 30, 2015 for easier comparison against the DMS data for date frequencies and record counts.

DMS pharmacy claims were filtered on adjudication dates between July 1, 2015 and September 30, 2015. MCO pharmacy data was not filtered further for comparison to the DMS data since DMS captures adjudication dates for all pharmacy claims.

IPRO sought to determine discrepant records for Medical encounter data, i.e., if the MCO records did not match DMS records on Member ID, date of service, primary diagnosis and/or CPT code, as well as ICD-9 procedure codes, DRG and

REV codes. If records did not match to DMS data on *any* code for that date of service, the claim was considered a discrepant record. Matches to the DMS data may be partial or full matching.

For Dental claims, comparisons were made on member ID, provider ID and CDT codes which were stored in the procedure code field. If no comparisons were possible for ID, date of service and procedure code, the MCO record was deemed discrepant.

For pharmacy claims, comparisons were made on Member ID, date of drug dispense, and NDC codes. Similarly to the dental analysis, if no matches were made on member ID, date of drug dispense, and NDC code, the record was deemed discrepant.

All discrepant records for the three claim types were compiled and submitted to the MCOs for review. IPRO requested the MCOs review 100 random records (at minimum) for each claim type to assess if claims were submitted to DMS, or if they were rejected for corrections and are pending submission. MCOs responded to IPRO regarding their discrepant claims using the four drop-down options listed in the MCO response field for the spreadsheets provided. Researched claims were required to be bucketed under four categories: "Claim was not submitted," "Claim was submitted but rejected," "Claim was successfully submitted," or "Other." Comments were requested to further explain the reason selected. Additionally, some but not all MCOs provided dates of original submission for the sampled discrepant claims.

IPRO reviewed the submitted responses on the claim type discrepancy report, and clarified questions through email correspondence with some of the MCOs. The "successfully submitted claims" were compared against DMS data extracts to find any claim matches, in case the discrepant claims were submitted after the date of claim study.

Findings

Pharmacy

Comparison of Pharmacy Records between DMS and MCOs

Prior to matching data between MCO and DMS data extracts, date and record frequencies were run on both the MCO-submitted and DMS data.

Table 1A shows each MCO's pharmacy claim volume as a percentage of the Kentucky DMS pharmacy data extract for the requested adjudication period. Anthem BCBS Medicaid had 8.51% of DMS claim volume, the smallest percentage of pharmacy claims adjudicated from July 1, 2015 to September 30, 2015. Humana-CareSource and CoventryCares had similar claim volume percentages with Humana-CareSource at 14.29% and CoventryCares at 16.37%; Passport Health Plan was the fourth largest claim volume percentage of DMS data with 26.77%. Wellcare of KY, the largest of the five MCOs, had 34.05% of the DMS pharmacy data extract for the requested time period.

Although **Table 1A** showed that original pharmacy prescription dates extended as far back as 2008 for some claims, the minimum dispense dates for some claims went as far back as 2013. As these claims have undergone adjustments or payment reversals since their original dispense dates, they fell into the submitted data for the adjudication period. Minimum Kentucky processing dates indicate that MCOs are submitting their claims at least between 5 to 17 days after adjudication. The data presented in this table was pulled in March 2016. Maximum DMS processing dates indicate that adjudicated claims are still being submitted more than 90 days after adjudication.

Data errors found in the DMS pharmacy data extracts (**Table 1A**):

- Dates of prescription exceeded the adjudication date on the claim.
- For some records, the prescription and dispense dates exceeded the date of claim adjudication by one day.
- Dispense and prescription dates were listed for future dates, although adjudication dates were listed for the requested time period.
- Some records show that the claims were adjudicated prior to the drug dispense date.

Table 1A: Kentucky Data Warehouse Pharmacy Data Date Frequency for Adjudication Dates July 1, 2015 - September 30, 2015

MCO	Records* (column %)	Minimum Dispense Date Captured for all claims	Maximum Dispense Date Captured for all claims	Minimum Prescription Date for all claims	Maximum Prescription Date for all claims	Minimum MCO Adjudication Date for all claims	Maximum Adjudication Date for all claims	Minimum Kentucky Processing Date for all claims	Maximum Kentucky Processing Date for all claims
Anthem BCBS Medicaid	556,250 (8.51%)	05/02/2014	09/21/2015	11/14/2012	2/28/2026 ¹	07/05/2015	09/27/2015	07/10/2015	01/01/2016
CoventryCares	1,070,274 (16.37%)	03/04/2014	09/25/2015	09/27/2013	09/25/2015	07/05/2015	09/27/2015	07/10/2015	01/29/2016
Humana-CareSource	934,410 (14.29%)	08/06/2013	10/1/2015 ²	08/06/2013	10/1/2015 ²	07/01/2015	09/30/2015	07/17/2015	02/26/2016
Passport Health Plan	1,749,677 (26.77%)	07/15/2013	1/1/2020 ³	07/07/2010	2/15/2022 ³	07/07/2015	09/29/2015	07/24/2015	02/26/2016
Wellcare of KY	2,225,619 (34.05%)	01/28/2013	09/24/2015	10/30/2008	09/24/2015	07/02/2015	09/24/2015	07/17/2015	02/26/2016
Total	6,536,230								

* Data extracted on 03/16/2016.

¹ In Kentucky DMS Data, Anthem BCBS Medicaid has two records where date of prescription exceeds the date of adjudication. One record has a prescribe date of 11/16/2015 and the other record has a prescribe date of 02/28/2026.

² In Kentucky DMS Data, Humana-CareSource has 76 records where the dispense date and date of prescription are 10/01/2015 and date paid is 09/30/2015.

³ In Kentucky DMS Data, Passport Health Plan has one record with dispense date 01/01/2020 and date paid 09/01/2015.

Table 1B shows the volume and proportion of each MCO's pharmacy submissions to the aggregated submission total and their respective minimum and maximum date values. Anthem BCBS Medicaid, as was the case for the DMS data extract, had the smallest submission percentage at 4.86% of the total; record volumes for the adjudication time period were nearly half of what was captured in Table 1A (8.51%). CoventryCares had a smaller proportion of the total MCO-submitted claims than the proportion captured in the DMS extract data (13.19% versus DMS data, 16.37%). Humana-CareSource and Passport Health Plan, similar to its DMS proportions, had 15.34% and 23.11% of the total submitted claims, respectively. Wellcare of KY had a larger proportion of the MCO-submitted data than in the DMS data extracts at 43.50%.

Both Anthem BCBS Medicaid and CoventryCares, who use ESI as the pharmacy vendor, had shown that dispense dates were limited to the requested adjudication period and that the adjudication/payment dates were outside of the requested time period. When CoventryCares was contacted about this issue, they provided a response from an email to their pharmacy vendor indicating that they pulled all "paid adjudicated claims, corrected claims and adjusted claims when the claim was successfully adjudicated/filled on [ESI's] system" (Email correspondence with CoventryCares, 2/25/2016).

Humana-CareSource, Passport Health Plan and Wellcare of KY showed that pharmacy dispense dates went far back as 2013, and since the adjudication dates listed on the claims were in 2015, it indicates that there are continuing adjustments being made to pharmacy claims (reversals, payment adjustments, or voids).

Data errors found in the MCO pharmacy data extracts (**Table 1B**):

- Adjudication dates were listed outside of the requested time period for Anthem BCBS Medicaid and CoventryCares, but “ESI understood ‘paid adjudicated claims, corrected claims and adjusted claims’ when the claim was successfully adjudicated/filled on [ESI’s] system” as stated in an email from ESI (Email correspondence with CoventryCares, 2/25/2016).
- Dates of drug dispense exceeded the adjudication date on the claim for some records.
- The prescription and dispense dates exceeded the date of claim adjudication by one day for some records.

Table 1B: MCO Pharmacy Data Date Frequency for Adjudication Dates July 1, 2015 - September 30, 2015

MCO	Records* (column %)	Minimum Dispense Date Captured	Maximum Dispense Date Captured	Minimum Date Paid	Maximum Date Paid
Anthem BCBS Medicaid ¹	271,184 (4.86%)	07/01/2015	09/30/2015	07/01/2015	12/23/2015 ²
CoventryCares ¹	735,373 (13.19%)	07/01/2015	09/30/2015	01/01/1800 *, ¹	12/24/2015 ²
Humana-CareSource	855,036 (15.34%)	05/15/2013	10/1/2015 ³	07/01/2015	09/30/2015
Passport Health Plan	1,288,481 (23.11%)	09/16/2013	09/29/2015	07/01/2015	09/30/2015
Wellcare of KY	2,424,844 (43.50%)	05/27/2014	10/1/2015 ⁴	07/01/2015	09/30/2015
Total	5,574,918				

* 2,531 records had Date Paid ‘01/01/1800’ ; ESI explained "The claims with the 1800/01/01 did successfully adjudicate and ESI sent a “PAID” status back to the dispensing pharmacy however, at the time of the report generation, the claims has not cleared ESI internal processes for claim finalization and invoicing of the claims to the MCO" (CoventryCares Email dated 02/25/2016).

¹ Pharmacy vendor ESI conducted the data pull of Pharmacy claims; IPRO questioned one MCO who utilized ESI as to why dispense dates were limited to the study period but not the Date Adjudicated Field: "The request that ESI received was the following.. “They need claims (all paid adjudicated claims, corrected claims and adjusted claims) universe for RX, Medical, and Dental from the time period of 7/1/15-9/30/15. They need the claims “directly from your processing system”... ESI understood “paid adjudicated claims, corrected claims and adjusted claims” when the claim was successfully adjudicated/filled on our system. This correlates to the direction given in the attached document “This would be the date which the pharmacy adjudicated the claim and recognized a paid claim status in their system” (CoventryCares Email dated 02/25/2016).

² Anthem BCBS Medicaid had 765 records with payment dates outside of the study period and CoventryCares had 3,846 records with payment dates outside of the study period.

³ In Humana-CareSource's MCO-submitted data, about 90 records have dispense dates of 10/01/2015 (past the adjudication date of 09/30/2015) .

⁴ In Wellcare of KY's MCO-submitted data, about 170 records have dispense dates of 10/01/2015 (past the adjudication date of 09/30/2015).

Pharmacy Claim Volume Analysis

Figures 1 A, B, C, D, and E display the claim volume per date of drug dispense for July 1, 2015 to September 30, 2015. All five figures show that frequency and pattern of MCO-submitted claim volume correspond with DMS data extracts claim volume. Humana-CareSource and Wellcare of KY had nearly similar volumes between MCO and DMS data. This corresponds with **Tables 1A and 1B**, as volume of records are nearly the same. For Anthem BCBS Medicaid, CoventryCares and Passport Health Plan, MCO data appears to be underreporting what DMS data extracts show. Although claim volume totals are not near matches per drug dispense date, the frequency and pattern do match between the two data sources for each MCO.

Based on the DMS data extracts, the state does not capture the original claim number the MCOs have for the record, but rather has a state-assigned claim number. Claims are submitted to the state multiple times during the three month adjudication period; each time the same claim undergoes a payment adjustment or is voided and resubmitted to the state, the state does not reassign the original state-imposed claim number to the record, but rather gives the record a new claim number. This is a possible reason as to why DMS claim volumes are 1.5 times greater than the MCO data per drug dispense date, and why claim volume totals may be more exaggerated in DMS data than in the MCO data.

As a suggestion to DMS, it may be beneficial to capture original MCO claim numbers to help track claims information to MCOs and to assist in future encounter data validation (EDV) studies through external quality review organizations (EQROs).

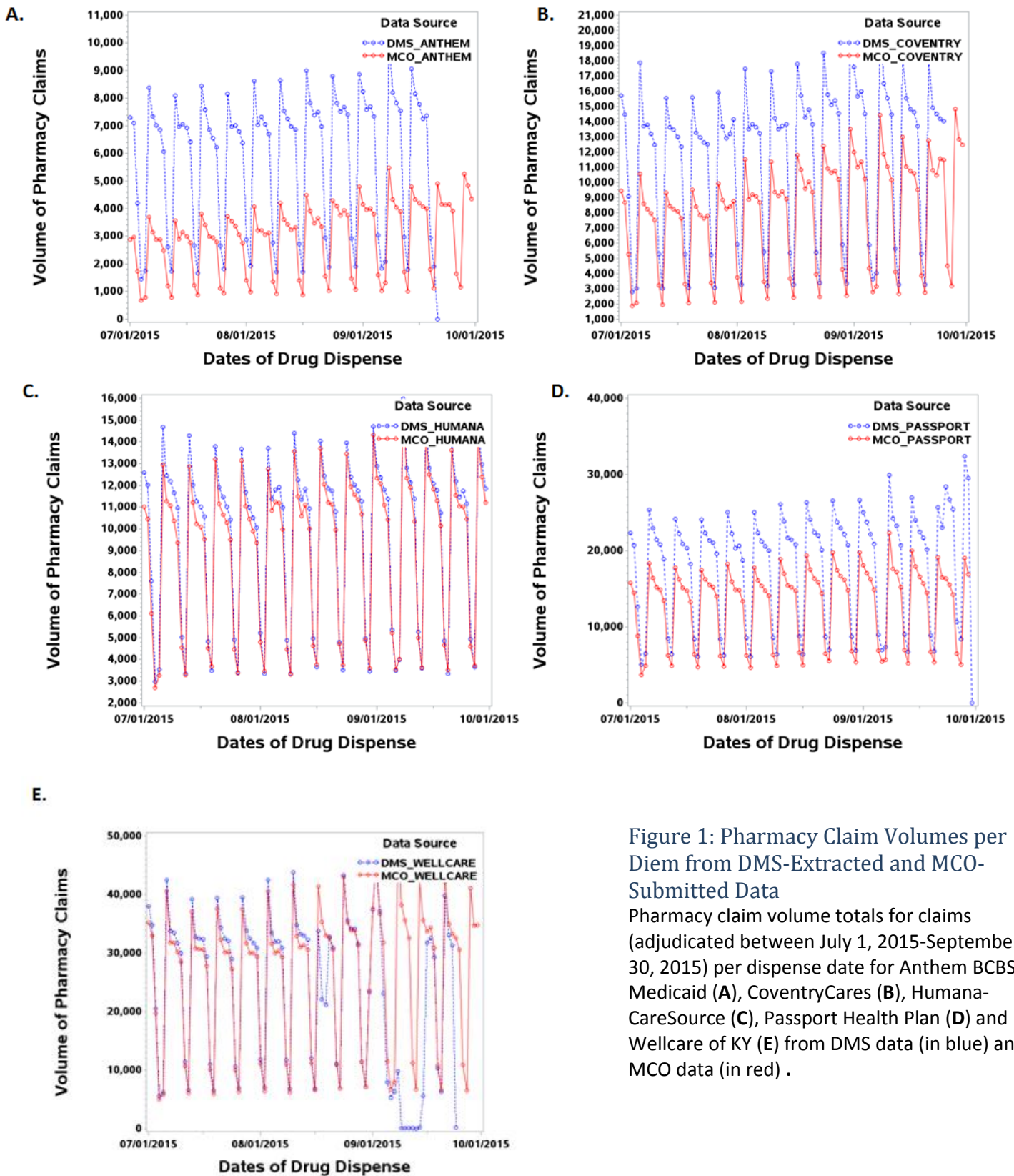


Figure 1: Pharmacy Claim Volumes per Diem from DMS-Extracted and MCO-Submitted Data
 Pharmacy claim volume totals for claims (adjudicated between July 1, 2015-September 30, 2015) per dispense date for Anthem BCBS Medicaid (A), CoventryCares (B), Humana-CareSource (C), Passport Health Plan (D) and Wellcare of KY (E) from DMS data (in blue) and MCO data (in red) .

Pharmacy Lagging Claims Analysis

Table 1C is an analysis of DMS data for the requested adjudication period (filtered to drug dispense dates for the same period), showcasing lags in claims submission to DMS.

CoventryCares had the timeliest submissions of claims to DMS with 99.72% of records being submitted within a 30-day period after the claim adjudication. CoventryCares was followed by Humana-CareSource, who had 98.60% of records submitted within 30 days after adjudication and Anthem BCBS Medicaid, who had 98.33%. Passport Health Plan had 96.22% of its records submitted within 30 days. Wellcare of KY had the least timely submissions with only 63.01% of its records submitted within the 30-day period. None of the MCOs had data submitted past one year of adjudication.

Table 1C: Pharmacy Lagging Claims Analysis for DMS-Captured Data (Dispense Dates and Adjudication Dates from July 1, 2015 to September 30, 2015)

	Total DMS Data*	Anthem BCBS Medicaid	CoventryCares	Humana-CareSource	Passport Health Plan	Wellcare of KY
	Count (row %)	Count (row %)	Count (row %)	Count (row %)	Count (row %)	Count (row %)
Adjudicated Claims Submission to DMS	n=6,242,394	n=496,251	n=1,029,699	n=928,437	n=1,736,352	n=2,051,655
Claims submitted to DMS within 30 days of adjudication	5,393,827 (86.41%)	487,977 (98.33%)	1,026,819 (99.72%)	915,441 (98.60%)	1670780 (96.22%)	1,292,810 (63.01%)
Claims submitted to DMS greater than 30 days after adjudication	848,567 (13.59%)	8,274 (1.67%)	2,880 (0.28%)	12,996 (1.40%)	65,572 (3.78%)	758,845 (36.99%)

* DMS data was filtered to dispense dates between July 1, 2015 and September 30, 2015.

Pharmacy Claims Comparisons:

Table 1D shows the analysis on pharmacy claim matches between the MCO-submitted data to DMS' data extract. Data comparisons and table matches were made between MCO-submitted data and DMS data on Member IDs, dates of drug dispense and NDC codes. Provider IDs were left out of the claim comparisons as they were not complete for all MCOs. Passport Health Plan had nearly all of their claims matched with DMS data extracts at 99.61% of records matched. Anthem BCBS Medicaid, Humana-CareSource, and CoventryCares all had similar percentages of records matched; 87.44%, 87.22% and 87.15% of records matching on DMS data, respectively. Wellcare of KY, which had the largest volume of claims, had 86.47% of its submitted records matching with DMS data.

Table 1D footnotes indicate that MCO Medicaid IDs were populated with zeroes or had some indicator that the claims submitted were for newborns (e.g., Anthem BCBS Medicaid and Wellcare of KY had NB listed in the ID for several members and Humana-CareSource had listed "UNKNOWN" for newborn IDs). Upon querying a sample of DMS data, IPRO did not find "NB" listed in member IDs. DMS may wish to investigate or provide clarity on how claims submitted for newborns are captured in MIS, or identify if these records are rejected.

Table 1D: MCO-Submitted Pharmacy Claims Compared to DMS Data on ID, Date of Dispense and NDC Codes

MCO	Total Submitted Records	Records in MCO-submitted claims that did not match with DMS based on Medicaid ID, date of dispense and NDC codes	Records in MCO that matched with DMS based on Medicaid ID, date of dispense and NDC codes	Percentage of Records matched based on ID, date of dispense and NDC codes
MCO Total	5,574,918	571,008	5,003,910	89.76%
Anthem BCBS Medicaid¹	271,184	34,054 ⁴	237,130	87.44%
CoventryCares	735,373	94,485 ⁵	640,888	87.15%
Humana-CareSource²	855,036	109,313	745,723	87.22%
Passport Health Plan	1,288,481	5,010 ⁶	1,283,471	99.61%
Wellcare of KY³	2,424,844	328,146	2,096,698	86.47%

¹ Anthem BCBS Medicaid data issue 1: 55 members had missing Medicaid IDs (listed as '000000000000') and 25 members had "NB" as their ID, perhaps indicating newborn. These members did not have clear matches to DMS data.

² Humana-CareSource data issues: 12 members had incorrect Medicaid ID lengths (< 10 digits) and one ID "UNKNOWN" was listed for 92 members, for which data comparisons to DMS could not be made. At least 60 of those 92 were newborns.

³ Wellcare of KY data issues: 9 members had missing Medicaid IDs for which clear matches to DMS data could not be made. 59 members had "NB" in the ID; these were newborns using their mother's ID.

⁴ Anthem BCBS Medicaid data issue 2: 380 MCO-submitted claims had '0' entered for NDC codes.

⁵ CoventryCares data issue: 1,159 MCO-submitted claims had '0' entered for NDC codes.

⁶ Passport Health Plan data issue 1: There were 19 members with missing Medicaid IDs; these members did not have clear matches to DMS data.

⁷ Passport Health Plan data issue 2: 3,323 MCO-submitted claims had '0' entered for NDC codes.

Table 1E details the discrepant records for ID, date of drug dispense and NDC code. Anthem BCBS Medicaid and CoventryCares responded to more than the requested minimum of discrepant records. Anthem BCBS Medicaid responded to 96% of its discrepant records (32,695/34,054), and CoventryCares responded to 1.05% of its discrepant records (1,001/94,485). Humana-CareSource and Wellcare of KY responded to 99 records (one less than the minimum), and Passport Health Plan responded to the requested minimum of 100 records.

Table 1E shows that the overall majority of the discrepant records across MCOs were not submitted due to incorrect values found through internal checks, or because claim adjustments and reversals rendered them ineligible for state submission. Anthem BCBS Medicaid had 95.58%, Humana-CareSource had 83.83% and Wellcare of KY had 98.98% of its discrepant responses fall into this category, whereas CoventryCares had only 4.89% and Passport Health Plan had 0%.

The overall rate of successful submission for the discrepant responses was 6.27% (**Table 1E**). Anthem BCBS Medicaid, Humana-CareSource and Wellcare of KY had percentages of successful claim submission less than 10% of their sampled discrepant records (Anthem BCBS Medicaid had 4.16%, Humana-CareSource had 7.07%, and Wellcare of KY had 1.01%). However, CoventryCares and Passport Health Plan indicated that a majority of their records were successfully submitted to DMS (CoventryCares had 74.83% and Passport Health Plan had 100% of its sampled records fall into this category). Of the total successful submissions, IPRO, using data from DMS extracts as of 07/01/2016, found matches for only 22 of Anthem BCBS Medicaid's records with "successful claim submissions" responses. These matches occurred because these claims were submitted after IPRO conducted its initial query of the DMS dental data in March 2016.

In **Table 1E**, the overall rate for claims that were submitted but rejected was 0.25%. Anthem BCBS Medicaid had the same rate for claims that fell in this category. Humana-CareSource had 9.09 % of its discrepant record responses that also fell into the category of rejected claims. All other MCOs did not have responses fall into this category for its pharmacy discrepant records. Anthem BCBS Medicaid and CoventryCares both claimed they had some of their records still waiting to be accepted by the state. IPRO suggests that DMS investigate why these records may not have received a status of rejection or acceptance at the time of the received responses (approximately 06/17/2016).

Table 1E: Pharmacy Discrepancy Responses Breakdown

Responses	Anthem BCBS Medicaid Frequency (% of Responses)	CoventryCares Frequency (% of Responses)	Humana- CareSource Frequency (% of Responses)	Passport Health Plan Frequency (% of Responses)	Wellcare of KY Frequency (% of Responses)	Total Frequency (% of Total Responses)
Claim was not Submitted	31,251 (95.58%)	49 (4.89%)	83 (83.83%)	0 (0.00%)	98 (98.98%)	32,840 (92.89%)
Claim withheld due to incorrect values or incorrect membership	34	0	0	0	98	132
Claim was adjusted and/or reversed	31,215	0	83	0	0	31,215
NPI was not found on State file	0	0	0	0	0	0
Claim is pending release	2	49	0	0	0	51
Claim was successfully submitted to DMS	1,359 (4.16%)¹	749 (74.83%)²	7 (7.07%)³	100 (100%)⁴	1 (1.01%)⁵	2,216 (6.27%)
Submission Date provided	0	749	7	58	0	814
Submission Date not given	1,359	0	0	42	1	1,402
Found in DMS data as of 7/30/2016	22 ⁶	0	0	0	0	22
Claim was submitted but rejected by DMS	81 (0.25%)	0 (0.00%)	9 (9.09%)	0 (0.00%)	0 (0.00%)	90 (0.25%)
Rejection due to DMS edit checks	81	0	9	0	0	90
Other	4 (0.01%)	203 (20.28%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	207 (0.59%)
Claim was sent but received no response from the state	4	203	0	0	0	207
Total Responses	32,695	1,001	99	100	99	35,353
Total No Responses	1,359	93,484	109,214	4,190	328,048	537,871
Total Number of Discrepancy Records	34,054	94,485	109,313	5,010	328,146	535,655

¹ Anthem BCBS Medicaid had 238 records with zeroes for the NDC; matches could not be made for these records.

² All 749 records had zeroes for the NDC; matches could not be made for these records.

³ Humana-CareSource had 5 records with zeroes for the NDC; matches could not be made for these records.

⁴ Passport Health Plan had 67 records with zeroes for the NDC; matches could not be made for these records.

⁵ Wellcare of KY's 1 successfully submitted record was missing the Medicaid ID; matches could not be made for this member.

⁶ Anthem BCBS Medicaid had 22 records that matched in DMS data; 14 records were submitted to DMS after 04/01/2016; the remaining 8 records were submitted on 05/27/2016. Both submissions were sent after the analysis for pharmacy claim matches was performed.

Dental

Comparison of Dental Records between DMS and MCOs

Prior to matching data between MCO and DMS data extracts, date and record frequencies were run on both the MCO-submitted and DMS data. DMS data warehouse claims were initially queried for records in the requested adjudication period. Results showed that adjudication dates were missing for Anthem BCBS Medicaid and CoventryCares, and no records had been pulled for these two MCOs. For the purpose of comparing dates and record frequencies for all MCOs, IPRO filtered DMS data to dates of service from July 1, 2015 to September 30, 2015, and DMS submission dates from July 1, 2015 to October 31, 2015. MCO-submitted data was also filtered to dates from July 1, 2015 to September 30, 2015 in order to compare against the DMS data frequencies.

Table 2A shows each MCO's dental claim volume as a percentage of the Kentucky DMS dental data for dates of service from July 1, 2015 to September 30, 2015 and DMS submission dates from July 1, 2015 to September 30, 2015. Anthem BCBS Medicaid had the smallest proportion of the dental claims at 3%, followed by Humana-CareSource at 6%. CoventryCares, Passport Health Plan, and Wellcare of KY had 32%, 30%, and 28% of the dental claims, respectively.

Data errors found in the DMS dental data extracts:

- Dates of adjudication are missing.
- In a separate query of DMS dental data, CoventryCares and Passport Health Plan had missing values for dates of service. These appeared as '01/01/1900.'

Table 2A: Kentucky Data Warehouse Dental Data Date Frequency

MCO	# Records Count (% of aggregate MCO data)*, ¹	Minimum Date of Service	Maximum Date of Service	Minimum MCO Adjudication Date	Maximum Adjudication Date	Minimum Kentucky Processing Date	Maximum Kentucky Processing Date
Anthem BCBS Medicaid	22,197 (3%)	07/01/2015	09/30/2015	1/1/1900 ²	1/1/1900 ²	07/24/2015	10/30/2015
CoventryCares	258,373 (32%)	07/01/2015	09/30/2015	07/08/2015	10/21/2015	07/17/2015	10/30/2015
Humana-CareSource	51,900 (6%)	07/01/2015	09/30/2015	1/1/1900 ²	1/1/1900 ²	07/24/2015	10/30/2015
Passport Health Plan	244,188 (30%)	07/01/2015	09/30/2015	07/08/2015	10/21/2015	07/17/2015	10/30/2015
Wellcare of KY	225,354 (28%)	07/01/2015	09/30/2015	07/08/2015	10/14/2015	07/24/2015	10/30/2015
Total	802,012						

*Data extracted on 03/16/2016.

¹ DMS does not capture adjudication dates from some MCOs. For the purpose of comparing aggregated MCO date frequencies against the DMS date frequencies, IPRO filtered the DMS' data to all dental claims submitted to DMS between July 1, 2015 and October 31, 2015, and all dates of service listed between July 1, 2015 and September 30, 2015.

² Adjudication Dates are missing in the Kentucky DMS Data Warehouse and are listed as 1/1/1900; analysis on lagging claim submissions to DMS cannot be conducted for this MCO.

Table 2B shows each MCO's proportion of the total submitted dental claims for adjudication dates from July 1, 2015 to September 30, 2015 and dates of service from July 1, 2015 to September 30, 2015. Similar to **Table 2A**, Anthem BCBS Medicaid and Humana-CareSource had the smallest proportion of submitted dental claims; Anthem BCBS Medicaid had 4% and Humana-CareSource had 5% of the submitted dental claims. Although Wellcare of KY had the third largest proportion of claims in the DMS extract (**Table 2A**), Wellcare of KY's submitted claims were the largest proportion of the total MCO-submitted claims with 37%. CoventryCares had 28% and Passport Health Plan had 27% of the total MCO-submitted dental claims.

Table 2B: MCO-Submitted Dental Data Date Frequency

MCO	Original Submission Records	Total Records Count (% of aggregate Kentucky MCO data) ¹	Minimum Date of Service ¹	Maximum Date of Service ¹	Minimum MCO Adjudication Date for all claims ¹	Maximum Adjudication Date for all claims ¹
Anthem BCBS Medicaid	40,486	30,289 (4%) ²	07/01/2015	9/28/2015	7/7/2015	9/29/2015
CoventryCares	284,746	227,029 (28%)	07/01/2015	9/30/2015	7/8/2015	9/30/2015
Humana-CareSource	81,660	40,681 (5%)	07/01/2015	9/23/2015	7/8/2015	9/30/2015
Passport Health Plan	282,889	222,288 (27%)	07/01/2015	9/30/2015	7/8/2015	9/30/2015
Wellcare of KY	335,392	300,217 (37%) ²	07/01/2015	9/30/2015	7/8/2015	9/30/2015
Total	1,025,173	820,504				

¹ All MCOs submitted data for claims adjudicated from July 1, 2015 to September 30, 2015. Since there were missing adjudication dates in DMS data, IPRO filtered the MCO-submitted data to all dates of Service between July 1, 2015 and September 30, 2015 to check for date/frequency comparisons,

² The proportion of Anthem BCBS Medicaid and Wellcare of KY submitted claims data was slightly higher than what was captured in DMS data for a similar time period.

Dental Claim Volume Analysis

Figures 2A, B, C, D, and E display the claim volume per date of service from July 1, 2015 to September 30, 2015. All five tables show that frequency and pattern of MCO-submitted claim volume correspond with DMS data extracts claim volume. CoventryCares (**Figure 2B**), Humana-CareSource (**Figure 2C**), and Passport Health Plan (**Figure 2D**) had similar volumes between MCO and DMS data. This matches with **Tables 2A** and **2B**, as volume of records are nearly the same. For Anthem BCBS Medicaid and Wellcare of KY, MCO data seems to be overreporting what DMS data extracts show per diem. This also validates the data shown in **Tables 2A** and **2B**, where Wellcare of KY and Anthem BCBS Medicaid have slightly larger proportions of the MCO total submitted data versus the DMS data extract. A plausible reason could be MCOs pulled claims originally adjudicated during the July to September time period; those very claims may be captured in DMS data with the most recent adjudication date and not the original adjudication date.

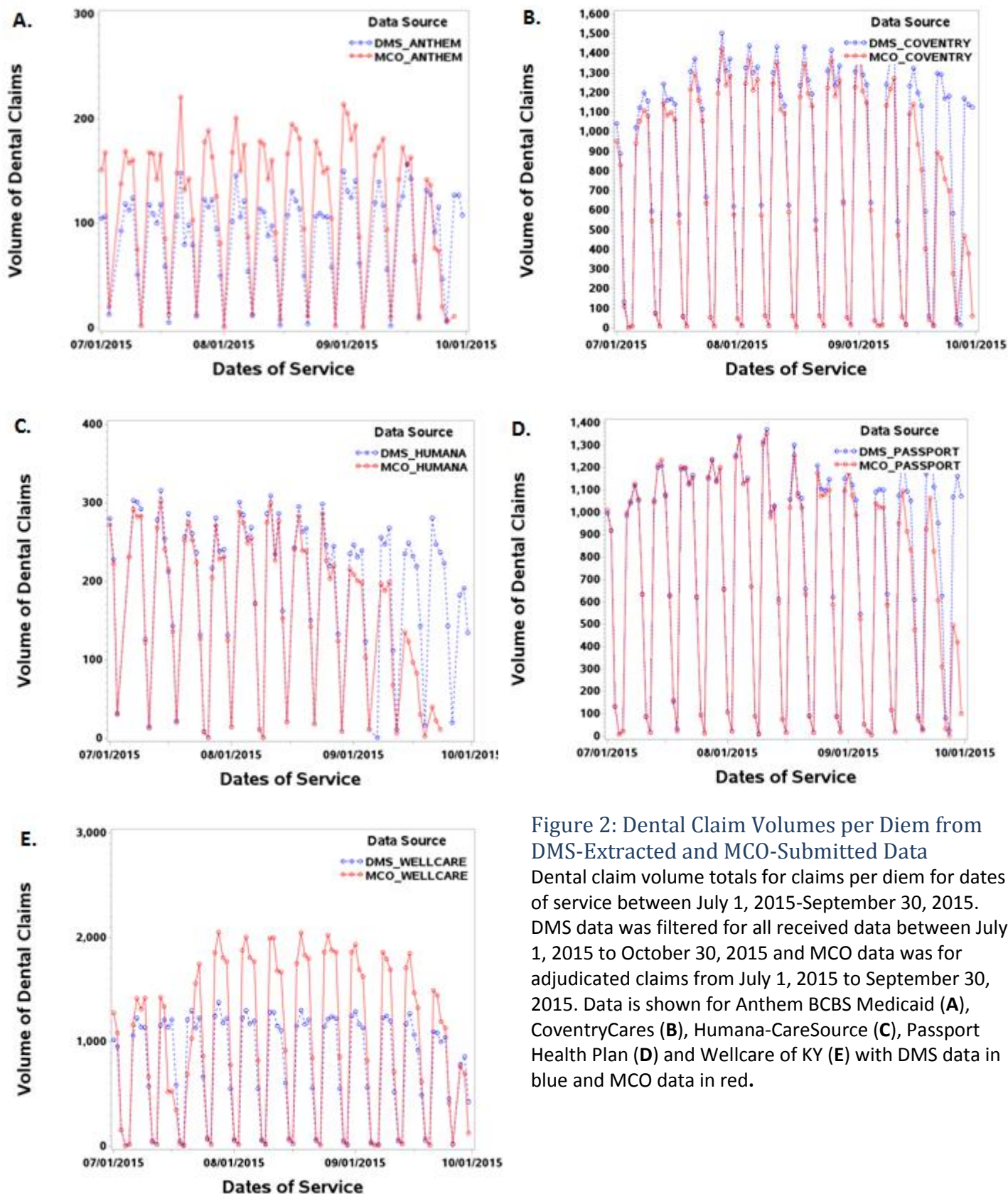


Figure 2: Dental Claim Volumes per Diem from DMS-Extracted and MCO-Submitted Data
Dental claim volume totals for claims per diem for dates of service between July 1, 2015-September 30, 2015. DMS data was filtered for all received data between July 1, 2015 to October 30, 2015 and MCO data was for adjudicated claims from July 1, 2015 to September 30, 2015. Data is shown for Anthem BCBS Medicaid (A), CoventryCares (B), Humana-CareSource (C), Passport Health Plan (D) and Wellcare of KY (E) with DMS data in blue and MCO data in red.

Dental Lagging Claim Analysis

Table 2C is a lagging claim analysis of DMS data for claims submitted to DMS from July 1, 2015 to October 30, 2015, and for dates of service from July 1, 2015 to September 30, 2015 after claim adjudication. It should be noted that for the total reported values, the values reported are based on only 3 of the 5 MCOs (CoventryCares, Passport Health Plan and Wellcare of KY) because adjudication dates were missing. Overall, 98.95% of all adjudicated claims were submitted to DMS within 30 days of adjudication. Passport Health Plan had the highest rate of submission after adjudication with 99.15% of its submitted records. CoventryCares and Wellcare of KY had similar rates of submission; CoventryCares had 98.96% and Wellcare of KY had 98.73% of its DMS data records indicating they were submitted within a 30-day timeframe after adjudication.

Table 2C: Dental Lagging Claims Analysis for DMS Captured Data (Dispense Dates and Adjudication Dates between July 1, 2015 and September 30, 2015)

	Total DMS Data* Count (row %)	Anthem BCBS Medicaid Count (row %)	CoventryCares Count (row %)	Humana-CareSource Count (row %)	Passport Health Plan Count (row %)	Wellcare of KY Count (row %)
Adjudicated Claims Submission to DMS	n=727,915	N/A	n=258,373	N/A	n=244,188	n=225,354
Claims submitted to DMS within 30 days of adjudication	720,277 (98.95%)	N/A	255,675 (98.96%)	N/A	242,117 (99.15%)	222,485 (98.73%)
Claims submitted to DMS greater than 30 days after adjudication	7,638 (1.05%)	N/A	2,698 (1.04%)	N/A	2,071 (0.85%)	2,869 (1.27%)

* DMS data was filtered to dates of service between July 1, 2015 and September 30, 2015 and does not include data for Anthem BCBS Medicaid and Humana-CareSource because of missing dates of adjudication.

Dental Claims Comparisons

Table 2D shows the analysis on dental claim matches between the MCO-submitted data and DMS' data extract. Data comparisons and table matches were made between MCO-submitted data and DMS data on Member IDs, dates of service and CDT codes. Provider IDs were not complete for all MCOs; this was left out of the claim comparisons. For the purpose of claim comparisons, DMS data for dental claims was not filtered; the whole table of data extracts was matched against the MCO-submitted data on date of service.

Passport Health Plan, Humana-CareSource and CoventryCares had nearly all of their submitted claims matched with DMS data extracts. Passport Health Plan had a 99.84% match, CoventryCares had 99.79%, and Humana-CareSource had a 99.54% match rate (**Table 2D**). Anthem BCBS Medicaid and Wellcare of KY, however, had the lowest percentages of records matched. Anthem BCBS Medicaid had 88.64% of its submitted records matched to DMS data, whereas Wellcare of KY had the lowest rate of matched records, with 77.24% (**Table 2D**). Anthem BCBS Medicaid and Wellcare of KY reported slightly higher volumes of data for the studied time period (**Figure 2**), so the discrepancy may be because certain records reported by the MCO were not captured in DMS data. The overall rate of MCO-submitted records matched to DMS data on ID, date of service, and CDT codes was 91.97%.

Table 2D: MCO-Submitted Dental Claims Compared to DMS Data on ID, Date of Service and CDT Codes

MCO	Total Submitted Records	Records in MCO-submitted claims that did not match with DMS based on Medicaid ID, date of dispense and NDC codes	Records in MCO that matched with DMS based on Medicaid ID, Date of Service and CPT/CDT codes	Percentage of Records matched based on ID, Date of Service and CPT/CDT codes
MCO Total	1,025,173	82,371	942,802	91.97%
Anthem BCBS Medicaid	40,486	4,601	35,885	88.64%
CoventryCares	284,746	600	284,146	99.79%
Humana-CareSource ¹	81,660	373	81,287	99.54%
Passport Health Plan	282,889	463	282,426	99.84%
Wellcare of KY ²	335,392	76,334	259,058	77.24%

¹ Humana-CareSource had one missing ID number.

² Wellcare of KY had 60 out of 247 unmatched member IDs with incorrect lengths.

Table 2E details the findings from MCOs on the discrepant records (claims that could not be matched to DMS data on ID, date of service and CDT code). Anthem BCBS Medicaid, CoventryCares and Passport Health Plan provided more than the requested minimum of discrepant records. CoventryCares and Passport Health Plan responded to 100% of their discrepant records, whereas Anthem BCBS Medicaid responded to 96.46% its discrepant records (4,438/4,601). Wellcare of KY responded to the minimum requested number of records, 100 (0.13%), and Humana-CareSource responded to 96 of their discrepant records (25.73%).

Anthem BCBS Medicaid and CoventryCares had none of their sampled discrepant record responses bucketed under the "Claim was not submitted" category (**Table 2E**). However, **Table 2E** shows that Wellcare of KY, who had the largest number of discrepant records, had 98% of its responded claims under the category of "Claim was not submitted." These 98 records were duplicated records, making them ineligible for state submission. Humana-CareSource had 37.50% of its 96 sampled records and Passport Health Plan had 46.22% of its sampled records listed as not submitted to DMS due to internal edit checks.

Anthem BCBS Medicaid and Wellcare of KY had none of their sampled discrepant records bucketed under the "Claim was successfully submitted to DMS" category. CoventryCares indicated that 93% of their sampled discrepant records were successfully submitted, whereas Humana-CareSource had 27.08% and Passport Health Plan had 53.35% of their records bucketed under this category (**Table 2E**). IPRO checked this category of response claims against the DMS data warehouse dental file with data as of July 1, 2016 and found a small number of matches for CoventryCares and Humana-

CareSource. For CoventryCares, 18 of the 19 records that were found matched to DMS data were submitted to DMS months prior to the study period (July 2015), hence why these may not have been matched initially. The remaining one record that matched had an MCO adjudication date listed as 10/07/2015, which was outside the range of the adjudication study date. For Humana-CareSource, 4 records out of the total 26 discrepant records bucketed under “claim was successfully submitted” were found in the DMS data extract files but submission dates indicated the claims were submitted after IPRO’s study of the DMS data warehouse claims, hence why these matches were missed.

For “Claim was submitted but rejected by DMS,” Anthem BCBS Medicaid had all of its sampled discrepancy records listed under this category (**Table 2E**). Humana-CareSource had over a third of its sampled discrepancy records listed under the same category (35.42%) and CoventryCares had 7% of its sampled discrepancy records also bucketed in the same category. Both Wellcare of KY and Passport Health Plan had two sampled discrepant records listed as rejected by DMS.

Wellcare of KY had nearly all its sampled discrepant records listed as not submitted, but Anthem BCBS Medicaid had all its sampled discrepant records listed as submitted but rejected by DMS due to edit checks. Humana-CareSource had nearly a third of its sampled records listed as not submitted, rejected or as successfully submitted to DMS. Passport Health Plan had nearly half of its sampled discrepant records listed as “not submitted” and the majority of the remaining responses listed under as “successfully submitted to the state.” CoventryCares had the majority of its sampled discrepant records listed under as “successfully submitted” but IPRO only found matches on 19 out of the total 558 discrepant records listed under this category.

Table 2E: Dental Discrepancy Responses Breakdown

Responses	Anthem BCBS Medicaid Frequency (% of Responses)	CoventryCares Frequency (% of Responses)	Humana- CareSource Frequency (% of Responses)	Passport Health Plan Frequency (% of Responses)	Wellcare of KY Frequency (% of Responses)	Total Frequency (% of Total Responses)
Claim was not Submitted	0 (0.00%)	0 (0.00%)	36 (37.5%)	214 (46.22%)	98 (98%)	348 (6.11%)
Claim withheld due to incorrect values or incorrect membership	0	0	36	214	0	250
Claim was a duplicate	0	0	0	0	98	0
Claim was successfully submitted to DMS	0 (0.00%)	558 (93.00%)	26 (27.08%)	247 (53.35%)	0 (0.00%)	831 (14.58%)
Submission Date provided	0	558	26	247 ³	0	831
Found in DMS data as of 7/30/2016	0	19 ¹	4 ²	0	0	23
Claim was submitted but rejected by DMS	4,438 (100%)	42 (7%)	34 (35.42%)	2 (0.43%)	2 (2%)	4,518 (79.30%)
Rejection due to DMS edit checks	4,438	42	34	2	2	4,518
Other	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
Total Responses	4,438	600	96	463	100	5,697
Total No Responses	163	0	277	0	76,224	76,664
Total Number of Discrepancy Records	4,601	600	373	463	76,334	82,371

¹ 18 out of 19 records were submitted and loaded into DMS data warehouse months prior to the requested study period. 1 out of 19 records shows an adjudication date of 10/07/2015 and was loaded into Kentucky's data warehouse after 10/30/2015.

² Of the 26 records, 4 had matches to DW; these were resubmitted claims on 4/25/2016, which was after IPRO's analysis of the claims. Of the remaining 22 records that did not match, 15 records did not have matches on CDT even though Medicaid ID and Date of Service were found; for some records, the MCO-submitted CPT field had incorrect CDT values "DD" for 31 of its discrepant records.

³ Passport Health Plan submitted four records that matched on Medicaid ID and Date of service but not on CDT code.

Medical

Comparison of Medical Records between DMS and MCOs

Prior to matching data between MCO and DMS data extracts, date and record frequencies were run both the MCO-submitted and DMS data. DMS data warehouse claims were initially queried for records in the requested adjudication period. Results showed missing adjudication dates across MCOs. To better compare dates and record frequencies for all MCOs against the DMS data, IPRO filtered DMS data to dates of service from July 1, 2015 to September 30, 2015 and DMS submission dates from July 1, 2015 to October 31, 2015. MCO-submitted data was also filtered to dates from July 1, 2015 to September 30, 2015 in order to compare against the DMS date frequencies.

Table 3A shows each MCO's medical claim volume as a percentage of the Kentucky DMS medical encounter data for dates of service from July 1, 2015 to September 30, 2015 and DMS submission dates from July 1, 2015 to September 30, 2015. Anthem BCBS Medicaid had the smallest proportion of the medical claims at 6.27%; Humana-CareSource had 8.8%, CoventryCares had 22.12%, and Passport Health Plan had 23.26%. Wellcare of KY, similar to the pharmacy and medical DMS claims extracts, had the largest volume of records with 39.56% of the DMS data.

Data errors found in the DMS dental data extracts:

- Dates of adjudication are missing or have incorrect values (e.g., future dates are captured).

Table 3A: Kentucky Data Warehouse Medical Encounter Data Date Frequency

MCO	# Records Count ^{*,1} (% of aggregate MCO data)	Minimum Date of Service	Maximum Date of Service	Minimum MCO Adjudication Date ²	Maximum Adjudication Date	Minimum Kentucky Processing Date	Maximum Kentucky Processing Date
Anthem BCBS Medicaid	807,143 (6.27%)	07/01/2015	09/30/2015	01/01/1900	01/01/1900	07/17/2015	10/30/2015
CoventryCares	2,845,098 (22.12%)	07/01/2015	09/30/2015	01/01/1900	10/23/2015	07/10/2015	10/30/2015
Humana-CareSource	1,131,673 (8.8%)	07/01/2015	09/30/2015	07/08/2015	10/14/2015	07/24/2015	10/30/2015
Passport Health Plan	2,991,799 (23.26%)	07/01/2015	09/30/2015	01/01/1900	10/20/2015	07/17/2015	10/30/2015
Wellcare of KY	5,087,872 (39.56%)	07/01/2015	09/30/2015	07/07/2015	8/12/2105 ¹	07/17/2015	10/30/2015
Total	12,863,585						

*Data extracted on April 9, 2016

¹ DMS does not capture adjudication dates from some MCOs. To compare aggregated MCO date frequencies against the DMS date frequencies, IPRO filtered the DMS' data to all Medical claims submitted to DMS from July 1, 2015 and October 31, 2015 and all dates of service listed between July 1, 2015 and September 30, 2015.

² Kentucky data warehouse captured minimum Adjudication dates that equaled '01/01/1900': Anthem BCBS Medicaid had 753,276 records, Humana-CareSource had 7,641 records, CoventryCares had 95,728 records, Passport Health Plan had 142,512 records, and Wellcare of KY had 19,032 records.

Table 3B shows each MCO's proportion of the total submitted medical claims for adjudication dates between July 1, 2015 to September 30, 2015 and dates of service between July 1, 2015 and September 30, 2015. Similar to **Table 3A**, Anthem BCBS Medicaid and Humana-CareSource had the smallest proportion of submitted dental claims; Anthem BCBS Medicaid had 5.2% of the submitted claims and Humana-CareSource had 10.78% of the submitted medical claims. Wellcare of KY's submitted claims were the largest proportion of the total submitted claims with 34.78%, while CoventryCares had 20.8% and Passport Health Plan had 28.44% of the total submitted medical claims. Proportions of MCO data were comparable between the DMS data and MCO-submitted data; Anthem BCBS Medicaid and CoventryCares showed slightly lower percentages than was found in DMS data and the remaining three MCOs had slightly higher proportions of the submitted data than was found in the DMS data.

Table 3B: MCO-Submitted Medical Encounter Data Date Frequency

MCO	Original Submission Records	Total Records Count* (% of aggregate Kentucky MCO data)	Minimum Date of Service*	Maximum Date of Service*	Minimum MCO Adjudication Date for all claims*	Maximum Adjudication Date for all claims*
Anthem BCBS Medicaid	677,427	441,814 (5.2%)	07/01/2015	9/24/2015	7/4/2015	9/30/2015
CoventryCares	3,247,937	1,765,469 (20.8%)	07/01/2015	9/29/2015	7/2/2015	9/30/2015
Humana-CareSource	2,158,899	914,896 (10.78%)	07/01/2015	9/29/2015	7/8/2015	9/30/2015
Passport Health Plan	4,165,877	2,414,466 (28.44%)	07/01/2015	9/29/2015	7/6/2015	9/30/2015
Wellcare of KY	4,734,736	2,952,572 (34.78%)	07/01/2015	9/23/2015	7/7/2015	9/29/2015
Total	14,984,876	8,489,217				

* All MCOs submitted data for claims adjudicated from July 1, 2015 to September 30, 2015. IPRO filtered the MCO data to all Dates of Service between July 1, 2015 and September 30, 2015 as there was missing adjudication dates in DMS data,

Medical Claim Volume Analysis

Figures 3A, B, C, D, and E display the medical encounter claim volume per date of service from July 1, 2015 to September 30, 2015. As stated before, DMS data was limited to all submission dates between July 1, 2015 and September 30, 2015. All five tables show that the frequency and pattern of MCO claim volumes resemble that of DMS data, but MCO encounter volumes are much less in than what is captured in DMS data. This validates the data in **Table 3A** and **3B**. Since adjudication dates are not listed for all MCOs in DMS data, IPRO decided to restrict data to submissions dates from July 1, 2015 to October 30, 2015 with the assumption that the majority of all adjudicated claims for the requested time period would have been submitted in that submission period. It is possible that MCOs may have resubmitted these adjudicated claims more than once to DMS during that submission period for any additional payments or adjustments made to the original claims. However, given that DMS does not capture MCO original claim numbers on submitted files, IPRO cannot verify this assumption.

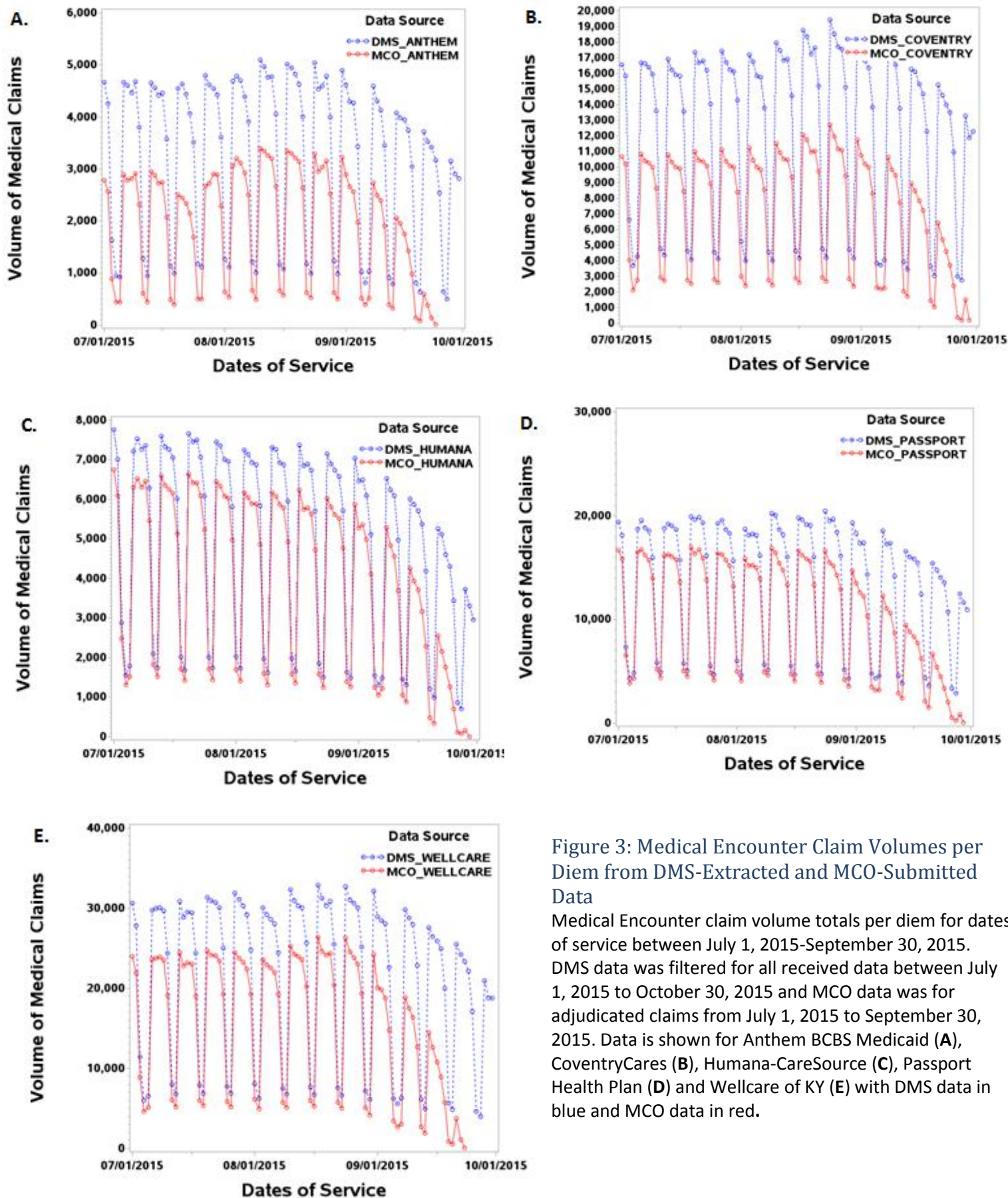


Figure 3: Medical Encounter Claim Volumes per Diem from DMS-Extracted and MCO-Submitted Data

Medical Encounter claim volume totals per diem for dates of service between July 1, 2015-September 30, 2015. DMS data was filtered for all received data between July 1, 2015 to October 30, 2015 and MCO data was for adjudicated claims from July 1, 2015 to September 30, 2015. Data is shown for Anthem BCBS Medicaid (A), CoventryCares (B), Humana-CareSource (C), Passport Health Plan (D) and Wellcare of KY (E) with DMS data in blue and MCO data in red.

Medical Lagging Claim Analysis

Table 3C is a lagging claim analysis of DMS data for claims submitted to DMS from July 1, 2015 to October 30, 2015 and for dates of adjudication from July 1, 2015 to September 30, 2015. It should be noted that for the total reported values, the values reported are based on only 4 of the 5 MCOs (Humana-CareSource, CoventryCares, Passport Health Plan and Wellcare of KY) because adjudication dates were missing. Also note that the adjudicated claims total for each MCO was based on the query logic that claims should not have missing values ('01/01/1900'), hence reported totals are much lower than actual claim counts for CoventryCares and Passport Health Plan. Overall, 53.48% of all adjudicated claims were submitted to DMS within 30 days of adjudication and the remaining 46.52% of adjudicated claims were submitted more than 30 days after adjudication; although not shown in Table 3C, 96.57% of those later submissions to DMS were submitted between 31 to 90 days (5,298,472/5,486,665).

CoventryCares had the highest rate of submission 30 days after adjudication with 59.99% of its submitted records. Passport Health Plan followed with 52.56% and Wellcare of KY with 58.19% of its records being submitted timely. Humana-CareSource had the lowest percentage of claims submitted within 30 days at a rate of 18.9%.

Ranking the MCOs by percentage of claims submitted to DMS more than 30 days post-adjudication in ascending order, CoventryCares had 40.01%, Wellcare of KY 41.81%, Passport Health Plan 47.36% and Humana-CareSource 81.10% (**Table 3C**). Although the figures are not listed in Table 3C, 96.17% of CoventryCares' later submissions (1,055,766/1,097,818), 95.93% of Humana-CareSource's later submissions (880,478/917,856), 96.26% of Passport Health Plan's later submissions (1,293,597/1,343,817) and 97.25% of Wellcare of KY's later submissions were submitted within a 31 to 90 day timeframe (2,068,631/2,127,174).

The low numbers for each MCO's timely submissions within 30 days of adjudication may be attributed to claims undergoing adjustments or review after the original adjudication date, causing a delay in their submission to the state MIS system; another possibility may be that claims are resubmitted to the state if original submissions do not pass the load edit checks on the state system, so the total volume of encounters are resubmitted at a later date.

Table 3C: Medical Lagging Claims Analysis for DMS Captured Data (Dispense Dates and Adjudication Dates between July 1, 2015 and September 30, 2015)

	Total DMS Data*	Anthem BCBS Medicaid	CoventryCares	Humana-CareSource	Passport Health Plan	Wellcare of KY
	Count (row %)	Count (row %)	Count (row %)	Count (row %)	Count (row %)	Count (row %)
Adjudicated Claims Submission to DMS	n=11,796,249	N/A	n=2,743,823	n=1,131,673	n=2,832,881	n=5,087,872
Claims submitted to DMS within 30 days of adjudication	6,309,611 (53.48%)	N/A	1,646,005 (59.99%)	213,817 (18.9%)	1,489,064 (52.56%)	2,960,725 (58.19%)
Claims submitted to DMS greater than 30 days after adjudication	5,486,638 (46.52%)	N/A	1,097,818 (40.01%)	917,856 (81.10%)	1,343,817 (47.36%)	2,127,174 (41.81%)

* IPRO restricted DMS data to date of service and date of adjudication from July 1, 2015 to September 30, 2015, and the date of Adjudication not equal to 01/01/1900 for comparison of lagging claims.

Medical Claims Comparisons

Table 3D shows the analysis on medical claim matches between the MCO-submitted data to DMS' data extract. Data comparisons and table matches were made between MCO-submitted data and DMS data on Member IDs, dates of service and CPT and Primary Diagnosis Codes. DRG, ICD9 Procedure codes and Revenue Codes were also checked for

matches between the two sources, but CPT and Primary Diagnosis were the codes of interest for Medical claim matches. Provider IDs were not complete for all MCOs; this was left out of the claim comparisons. IPRO would like to note that the matches made against DMS data for medical claims, as well as the other claim types, are partial matches given that provider IDs and payment information were not included. Since MCO data were restricted to the first four diagnosis codes for the file layouts, IPRO decided table comparisons should concentrate on primary diagnosis code fields ('DIAG1' on file layouts) and CPT codes. The percentages of claims matched displayed in **Table 3C** are percentages for partial or full matches to claims in DMS data warehouse.

For the purpose of claim comparisons, DMS data for medical claims was not filtered; rather, all DMS data extracts were matched against the MCO-submitted data on date of service. Records that produced no matches to ID, date of service, Primary Diagnosis and CPT and/or any of the other submitted codes were deemed discrepant. Any records not matched were submitted to MCOs for review, and responses were sent back.

On August 1, 2016, IPRO discovered that one encounter table for DMS (Encounter Data for Health Homes) was not included in the matches against the MCO-submitted data, so Table 3D was updated with an adjusted percentage of records matched on ID, date of service, CPT and Primary Diagnosis codes. This significantly changed the percentages of matched records for the overall rate, and for Humana-CareSource.

Anthem BCBS Medicaid, CoventryCares, Humana-CareSource and Passport Health Plan saw small changes to the percentages of their matched records. Humana-CareSource originally had the lowest records matched to DMS on ID, date of service, CPT and Primary Diagnosis (83.84%), but with the additional matches found through DMS's Health homes encounter table, the percent increased to 99.1% of records matched. Anthem BCBS Medicaid, the smallest proportion of the MCO submissions, had the lowest percentage of matches at 94.99%. Wellcare of KY, the largest proportion of the MCO submissions, had the second lowest rate of claims matched at 96.95%. CoventryCares had 99.53% of records matched and Passport Health Plan had 99.07% of their records matched to DMS data.

Table 3D: MCO-Submitted Medical Claims Compared to DMS Data on ID, Date of Service and Primary Diagnosis Codes, CPT and/or DRG and/or REV Codes

MCO	Total Submitted Records	Records in MCO-submitted claims that did not match with DMS based on Medicaid ID, Date of Service and CPT, Primary Diagnosis and/or DRG and/or REV	Records in MCO that matched with DMS based on Medicaid ID, Date of Service and CPT, Primary Diagnosis and/or DRG and/or REV	Percentage of Records Matched	08/01/2016 Adjustment to non-matched records (Match restricted to ID, Date of Service, CPT and Primary Diagnosis)*	08/01/2016 Adjustment to matched records (Match restricted to ID, Date of Service, CPT and Primary Diagnosis)*	Adjusted Percentage of Records Matched*
MCO	14,984,876	619,183	14,365,693	95.87%	252,020	14,732,856	98.32%
Anthem BCBS Medicaid	677,427	35,902	641,525	94.7%	33955	643,472	94.99%
CoventryCares	3,247,937	29,689	3,218,248	99.09%	15358	3,232,579	99.53%
Humana-CareSource	2,158,899	348,971	1,809,928	83.84%	19425	2,139,474	99.1%
Passport Health Plan	4,165,877	53,242	4,112,635	98.72%	38685	4,127,192	99.07%
Wellcare of KY	4,734,736	151,379	4,583,357	96.8%	144597	4,590,139	96.95%

* On 08/01/2016, after reviewing discrepancy record responses from MCOs, IPRO investigated responses where claims were deemed successfully submitted but did not match initially in April 2016. Upon review, one DMS encounter table was not included in the original query for DMS data extracts (Encounter data for Home Health), and a number of discrepant records were matched to this table. IPRO adjusted the originally reported percentages of records matched to reflect the new count of records matched on CPT and Primary Diagnosis and included the adjusted rate in Table 3D.

Table 3E describes the MCO responses received compared to the original list of discrepant records sent by IPRO. CoventryCares, Humana-CareSource, Passport Health Plan and Wellcare of KY responded to the minimum requested number of records. Anthem BCBS Medicaid responded to approximately 97% of their discrepant records.

Overall, 5.68% of discrepant claims were bucketed under “Claim was not submitted.” If claims were found to have errors, incorrect NPIs, or were pending review, these records were not submitted to the state lest they be rejected by the state for the same reasons. Similarly, Anthem BCBS Medicaid had 5.39% of their records bucketed in this category. Originally, 5,333 of their discrepant claims were under “Other”, but upon review of an updated response sent by email on July 25, 2016, IPRO broke out 1,877 claims into the “not submitted” category and the rest into the “claim was submitted” category, given the MCO’s response that these claims were “resolved”. CoventryCares had 21.78%, Passport Health Plan had 17% and Humana-CareSource had 12% of their sampled discrepant responses in the “not submitted” category. Wellcare of KY, the largest of the MCOs, had the highest percentage of sampled responses as “not submitted” (**Table 3E**, 72%).

Approximately 87% of all sampled responses were bucketed under “Claim was submitted to the State.” The majority of these claims came from Anthem BCBS Medicaid, who had 87.93% of their claims listed as submitted (including the 3,456 “Other” response claims IPRO deemed submitted). CoventryCares, Humana-

CareSource and Passport Health Plan had similar percentages; CoventryCares had 49.5%, Humana-CareSource had 51% and Passport Health Plan had 40% of their sampled discrepant records listed as submitted to DMS. Wellcare of KY had 16% of their sampled responses bucketed into this category.

Wellcare of KY had 12% of their sampled discrepant records listed as “submitted but rejected” whereas CoventryCares, Humana-CareSource and Passport Health Plan had over a quarter of their sampled records listed in the same category; CoventryCares had 28.71%, Humana-CareSource had 37% and Passport Health Plan had 43% of their sampled discrepant records listed as rejected by the state due to state edit checks. Anthem BCBS Medicaid had 6.67% of its discrepant response claims listed as “rejected by the state,” which was close to the overall rate across all MCOs, 6.94%.

When researching discrepant claims matched against aggregated DMS data, IPRO discovered the majority of these claims were matched against the DMS encounter data for Health Homes. IPRO reran its queries and adjusted Table **3D** to show the percentages of records matched. This discovery was found after the original analysis.

Table 3E: Medical Discrepancy Responses Breakdown

Responses	Anthem BCBS Medicaid Frequency (% of Responses)	CoventryCares Frequency (% of Responses)	Humana- CareSource Frequency (% of Responses)	Passport Health Plan Frequency (% of Responses)	Wellcare of KY Frequency (% of Responses)	Total Frequency (% of Total Responses)
Claim was not submitted	1877 (5.39%)¹	22 (21.78%)	12 (12%)³	17 (17%)	72 (72%)	2000 (5.68%)
Claim withheld due to incorrect values or incorrect membership	0	22	12	17	39	90
Claims are in "Pended" status and will be submitted	1,877	0	0	0	0	1,877
Claim was a duplicate	0	0	0	0	2	2
NPI was not found on State file	0	0	0	0	31	31
Claim was submitted to DMS	30,624 (87.93%)²	50 (49.5%)	51 (51.00%)	40 (40.00%)	16 (16.00%)	30,781 (87.38%)
Submission Date provided	27,168	50	51	41	0	27,310
As of 08/01/2016, claims found in DMS data	2090 ⁴	36 ⁵	35 ⁶	29 ⁷	16 ⁸	2206
Claim was submitted but rejected by DMS	2,323 (6.67%)	29 (28.71%)	37 (37.00%)³	43 (43.00%)	12 (12.00%)	2,444 (6.94%)
Rejection due to DMS edit checks	2,323	29	37	43	12	2,444
Other	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
Claim was sent but received no response from the state	0	0	0	0	0	0
Total Responses	34,824	101	100	100	100	35,225
Total No Responses	1,078	29,588	348,875	53,142	151,279	583,962
Total Discrepant Records	35,902	29,689	348,971	53,242	151,379	619,183

¹ IPRO asked Anthem BCBS Medicaid to clarify the original 5,333 "Other" status responses. Anthem BCBS Medicaid responded that 3,456 records had been "resolved" since their last contact with IPRO, we assume this means that these will be submitted to the state if they have not already; the status of their submission is not known at the time of this report. IPRO grouped these 3,456 under the "submitted to DMS" category. 1,877 claims were still in pended status and the MCO will work to resolve these encounters.

² 18,860 of the 30,264 records that were deemed submitted to DMS had dates of service 1/1/1900; IPRO did not match on these records when rechecking DMS data.

³ Of the 19 records listed as "Claim was not submitted," 7 indicated that the records were submitted but were rejected at DMS gateway due to structural issues. IPRO categorized these under "Claim was submitted but rejected by DMS."

⁴ Of the 2,090, 1,985 records were found matched based on the DMS encounter data for Health Homes.

⁵ All 36 records were found matched based on the DMS encounter data for Health Homes.

⁶ Of the 35, 33 records were found matched based on the DMS encounter data for Health Homes.

⁷ Of the 29 records, 28 were found matched based on the DMS encounter data for Health Homes.

⁸ All 16 records were found matched based on the DMS encounter data for Health Homes.

Conclusion

The objective of this encounter data validation study was to assess if MCO medical, dental and pharmacy claims for a given adjudication date would match those encounters that resided in the IPRO Kentucky DMS data. IPRO noted any issues with DMS-stored data while comparing the two data sources. Because of data and time limitations, matches on the two data sources using additional information given by MCOs such as provider NPIs, claim payments, or claim status were not included due to inconsistencies in MCO-submitted data. It should be noted that any matches made between MCO and DMS data for all three claim types are partial matches since comparisons were restricted to Medicaid ID, dates of service and pertinent claim codes.

Each claim type that was assessed had its own specific issues. On the whole, issues with dates of adjudication and services captured in DMS data have brought to light that additional edit checks may be necessary for the state to assess the cleanliness of MCO-submitted data in regards to adjudication or service dates. Given the analysis was performed in March/April 2016, claims may have been submitted to the state after the original comparisons, hence why IPRO found records in the current DMS data extracts. Additionally, since IPRO receives extracts of data from DMS, it may be possible that information is missing because it was filtered on the state side prior to transfer.

Overall percentages of MCO-submitted claim matches against DMS data extracts for ID, Date of Service, and primary procedure, NDC or diagnosis codes:

- Pharmacy: 89.76%
- Medical: 98.32 % (adjusted rate)
- Dental: 91.97%

Anthem BCBS Medicaid

As seen in MCO and DMS data across the three different claim types, Anthem BCBS Medicaid had the smallest volume of records amongst the MCOs.

Pharmacy Data

DMS pharmacy claims for Anthem BCBS Medicaid showed data issues with prescription dates (**Table 1A**); for some records, prescription dates exceeded the date of adjudication on the claim. Anthem BCBS Medicaid's submitted volume of claims was nearly half of what was captured in the DMS data, even though the frequency and pattern of claim volume per date matched DMS data (**Table 1B, Figure 1A**). A possible explanation for this may be that pharmacy claims are submitted multiple times due to adjustments or reversals; hence, why DMS data may be exaggerated in claim volume versus MCO-submitted data. As per **Table 1C**, Anthem BCBS Medicaid has timely submissions of its pharmacy claims within 30 days of adjudication (98.33%). In regards to the table comparisons between MCO and DMS data, Anthem BCBS Medicaid's rate of matched records was close to the overall rate across the five MCOs (**Table 1D**, 87.44%).

Dental Data

Anthem BCBS Medicaid submission of dental data was slightly higher in proportion to what was queried in the DMS data (**Table 2B**: 4% vs. **Table 2A**: 3%). **Figure 2A** showed that Anthem BCBS Medicaid's daily volume of claims exceeded what was found in the DMS data warehouse. Analysis of timeliness of claims submissions to DMS could not be conducted given that no adjudication dates were captured for Anthem BCBS Medicaid's dental data in DMS data warehouse. As for the comparisons made against the state data warehouse, 88.64% of Anthem BCBS Medicaid's submitted records had a match (**Table 2D**). Anthem BCBS Medicaid reviewed approximately 96.45% of its discrepant records, and indicated these all were submitted to the state but had been rejected due to DMS edit checks (**Table 2E**, 4,438/4,601).

Medical Data

Although the proportion of Anthem BCBS Medicaid's claims in the MCO-submitted data was similar to the proportion captured in DMS data, DMS data extracts had nearly two times the volume count of records than was submitted by Anthem BCBS Medicaid (**Table 3A, 3B**). Similar to Anthem BCBS Medicaid's dental data, adjudication dates were not captured by DMS for medical encounters. **Figure 3A** shows that the frequency and pattern of the daily volume of claims

is similar between the MCO and the state despite the volume difference per diem; however, towards the end of July 2015, there is a slight difference between the two entities. Because adjudication dates were incomplete in DMS data for Anthem BCBS Medicaid, lagging claims analysis could not be done. In regards to table comparisons, Anthem BCBS Medicaid had an adjusted match rate of 94.99% match rate to DMS data (**Table 3D**). Compared to other MCOs, Anthem BCBS Medicaid responded to the most discrepant records, and indicated that nearly 88% of their sampled discrepant data responses were “claims that were submitted to DMS.” Upon review of their records, only 6% of their records were found in DMS data as of August 1, 2016 (**Table 3E**).

CoventryCares

Pharmacy Data

Pharmacy claim volumes in DMS data for CoventryCares were slightly higher than the MCO-submitted data (**Table 1A, 1B**). **Figure 1B** (claim volumes per diem) displayed this difference in claim volume records. Of the five MCOs, CoventryCares had the timeliest submissions of claims after adjudication to the state (**Table 1C**, 99.72%). Comparing CoventryCares’s submitted claims to DMS data, about 87.15% of submitted claims matched (**Table 1D**). Of the sampled discrepant records with responses, 4.89% were not submitted due to errors or internal checks, about 20.28% are waiting on a response from the state, and 74.83% were successfully submitted to the state (**Table 1E**). IPRO did not find any of the claims that were “submitted to the state” when comparing against the latest DMS data on July 24, 2016.

Dental Data

The proportion of claims between the MCO-submitted data and DMS captured data and daily volumes of claims between the two data sources are similar (**Table 2A, Figure 2B**). 98.96% of CoventryCares’s records in the DMS data warehouse showed timely submissions of dental records (**Table 2C**). CoventryCares had the second highest rate of matches against the DMS data warehouse for dental claims, with a rate of 99.79% of its total submitted records (**Table 2D**). About 93% of the sampled discrepant record responses that fell into the category of “submitted to DMS.” IPRO found 3.4% (19/558) of those records were listed in the DMS data warehouse as of August 1, 2016 (**Table 2E**). These claims were submitted in the first or second quarter of 2015, prior to the adjudication study period of the EDV.

Medical Data

The proportion of claims for CoventryCares of the MCO total submitted data and the DMS data extract were similar, although volumes of claims captured in DMS were nearly twice that of the MCO-submitted data (**Table 3A and 3B, Figure 3B**). One issue that was seen was missing adjudication dates were listed as ‘01/01/1900’ in the DMS data extract. Of the five MCOs, CoventryCares had the timeliest submission of medical encounter data to the state, with 59.99% of its total records (**Table 3C**). As for table comparisons, CoventryCares originally had 99.09% of its records matched. For its sampled discrepancy record responses, CoventryCares indicated that 49.5% of its response claims were submitted to DMS, 28.71% were rejected by DMS, and 21.78% of its records were withheld from submission due to incorrect values or internal edit checks (**Table 3E**). IPRO verified that the 36 of the 50 claims that were “submitted to the state” were captured in the DMS data as of August 1, 2016 (**Table 3E**). The 36 records that matched were due to IPRO not including the Health Homes encounter data in the original DMS data extract file. Consequently, IPRO adjusted the rate of matched records for CoventryCares to 99.53%, which was the highest for the 5 MCOs (**Table 3D**).

Humana-CareSource

Pharmacy Data

Humana-CareSource’s Pharmacy claim proportions for MCO-submitted data and daily volume of claims were similar to the proportion and volume in the DMS data extract (**Table 1A, 1B, and Figure 1C**). An issue in the DMS data extract for Humana-CareSource was that a handful of records had dispense dates that exceeded the adjudication dates. With regard to timeliness of claims submissions, Humana-CareSource had 98.6% of its DMS data submitted within 30 days of adjudication (**Table 1C**). As for table comparisons, 87.22% (**Table 1D**) of pharmacy claims submitted by Humana-CareSource matched to what was in the DMS data extract. Of the 99 sampled discrepant record responses, 83.83% of responses indicated claims were withheld from state submission due to internal checks or claim reversals; the remaining responses either fell into the buckets of being successfully submitted to the state (IPRO did not find these seven records in the current data) or being rejected by the state (**Table 1E**).

Dental Data

Humana-CareSource's proportion in the MCO-submitted data and DMS data extract were similar, as were the daily volume of claims (**Table 2A, 2B, and Figure 2C**). However, as seen in MCOs such as Anthem BCBS Medicaid, adjudication dates were not captured for this MCO, and as such, lagging claims analysis could not be done for Humana-CareSource. Humana-CareSource had 99.54% of its submitted dental data matched to what was captured in the DMS data extracts (**Table 2D**). The 96 sampled discrepancy record responses were bucketed nearly evenly amongst the three categories of "submitted to DMS," "not submitted to DMS," and "rejected by DMS." Upon review of the latest DMS dental data, IPRO found 4 of the 26 records that were "submitted to DMS" in the latest dental data (**Table 2E**). These were submitted to DMS after the EDV analysis was conducted in April of 2016.

Medical Data

Humana-CareSource's medical data in the DMS extract was slightly higher in volume (aggregated and daily totals) but slightly lower in proportion compared to its MCO-submitted data (**Table 3A, 3B**). Adjudication dates were captured for Humana-CareSource in the sampled DMS data extract; however, the captured values are questionable given that Humana-CareSource had least timely submission of the five MCOs (**Table 3C, 18.9%**). Humana-CareSource's original rate of matched records was 83.84% (**Table 3D**). Humana-CareSource stated that 51% of its 100 discrepancy record responses were successfully submitted to the state (**Table 3E**). IPRO verified that 35 of those 51 records were found in the current DMS data extract, as a result of the missing Health Homes encounter table IPRO did not include in its original analysis. Upon discovery of the missing DMS data extract table, IPRO readjusted Humana-CareSource's matched record rate to 99.1% (**Table 3D, adjusted rate**) which was a significant increase from its original value of 83.84%.

Passport Health Plan

Pharmacy Data

Passport Health Plan had slightly higher volume of data in the DMS data extract than in the MCO submission, but proportions were not significantly different (**Table 1A, 1B, and Figure 1D**). Issues in the DMS data were incorrect values for prescription and dispense dates. 96.22% of Passport Health Plan's claims in the DMS data extract indicated the majority of claims are submitted within 30 days of adjudication (**Table 1C**). Of the five MCOs, Passport Health Plan had the highest matched records against the DMS data extract (**Table 1D, 99.61%**). Of the 100 sampled discrepancy records, Passport Health Plan claimed that all records were submitted to DMS, but IPRO could not find these records using the latest DMS pharmacy claims data (**Table 1E**).

Dental Data

Passport Health Plan had slightly higher proportion and volume of claims in the DMS data extract than in the total MCO-submitted data, but daily claim volume totals were a near match for the two data sources (**Table 2A, 2B and Figure 2D**). Approximately 99.15% of Passport Health Plan's claims in the DMS data extract were submitted within 30 days of adjudication (**Table 2C**). Of the five MCOs, Passport Health Plan had the highest rate of MCO-submitted data matched to DMS dental data (**Table 2D, 99.84%**). For the 463 sampled discrepancy responses, slightly more than half were bucketed under "claims were submitted to DMS" (**Table 2E, 53.35%**) and less than half were bucketed under "claim was not submitted" due to incorrect values or membership (**Table 2E, 46.22%**).

Medical Data

Passport Health Plan had a slightly higher volume of records in the DMS data extract than the MCO-submitted data, but had a slightly lower proportion of total records in the DMS data versus the proportion of total submitted MCO data (**Table 3A, 3B and Figure 3D**). 52.56 % of Passport Health Plan's DMS data was submitted within 30 days of adjudication (**Table 3C**). Originally, IPRO found 98.72% (**Table 3D**) of Passport Health Plan's submitted claims to match with the DMS data extract; when reviewing the 40% of sampled discrepancy record responses that were bucketed under "claims were submitted to DMS," IPRO found 28 out of 40 records were listed in the current DMS data due to IPRO not including the DMS Health Homes encounter data in the original data comparison (**Table 3E**). The adjusted rate of claim match was 99.07% (**Table 3D**).

Wellcare of KY

Pharmacy Data

Wellcare of KY had submitted slightly higher volume of pharmacy data than was captured in the DMS data extract, but daily volume of claims from July 1, 2015 to September 30, 2015 was similar (**Table 1A, 1B, and Figure 1E**). Of the five MCOs, Wellcare of KY had the lowest rate for timeliness of claims submissions to the state (**Table 1C**, 63.01%). 86.47% of Wellcare of KY's submitted data matched to the DMS data extract (**Table 1D**). Of the 99 sampled discrepancy responses, 98.98% indicated the records were not submitted to DMS due to incorrect membership or incorrect data (**Table 1E**).

Dental Data

Wellcare of KY submitted more data than was captured in the DMS data extract, and daily volume of claims for dates of service from July 2015 to September 2015 exceeded state totals (**Table 2A, 2B and Figure 2E**). Lagging claim analysis showed that 98.73% of adjudicated dental claims were submitted within 30 days (**Table 2C**). Of the five MCOs, Wellcare of KY had the lowest rate of matched records against the DMS data warehouse (**Table 2D**, 77.24%). About 98% of the sampled discrepancy record responses (100) indicate that the majority of Wellcare of KY's submitted data was not captured by the DMS data because Wellcare of KY had not submitted these due to incorrect membership or incorrect values (**Table 2E**).

Medical Data

Although proportions of Wellcare of KY's data in the MCO submission were close to the proportion in the DMS data extract, the volume of MCO-submitted claims was nearly half of the DMS data extract for the same time period (**Table 3A and 3B**). **Figure 3E** shows that the daily volume of claims for the DMS data was nearly twice of the MCO-submitted data. 58.19% of Wellcare of KY's claims were submitted to the state within 30 days of adjudication (**Table 3C**). 96.95% (**Table 3D**) of Wellcare of KY's submitted claims matched with the DMS data extract. About 72% of the sampled discrepancy record responses indicated that Wellcare of KY had not submitted these records due to internal edit checks, whereas 16% of the responses indicated these claims were "submitted to the state" (**Table 3E**). IPRO verified that all 16 records submitted to the state were indeed captured in the current DMS data. Of the 16 claims submitted to the state, 10 were submitted after the EDV analysis.

Overall Status of Comparisons

Table Comparisons

Passport Health Plan had the highest rates of claims matching against the DMS data extracts for pharmacy and dental data, whereas Wellcare of KY had the lowest rates of claims matching against the DMS data extracts for pharmacy and dental data. For medical data, Humana-CareSource had the highest rate of matched records after IPRO's adjustment to the DMS data extract table, and Anthem BCBS Medicaid had the lowest rate of matched records for medical data.

Timeliness of Claims

CoventryCares had the highest rate of records submitted within 30 days of adjudication to DMS for pharmacy and medical claims, and Passport Health Plan had the highest rate of claims submitted within 30 days of adjudication for dental claims data. Wellcare of KY had the lowest rate for claims submissions to DMS in 30 days after adjudication for pharmacy and dental data, and Humana-CareSource had the lowest rate for timeliness for medical data. Anthem BCBS Medicaid was not included in the analysis for timely submissions for dental and medical claims, and Humana-CareSource was not included for the analysis of timely submissions for dental claims due to missing adjudication dates in the DMS data extract tables.

Limitations

- **Missing Adjudication dates in DMS encounter data:** Pharmacy records were easy to compare between MCOs and DMS data, given that adjudication dates were captured in the state data warehouse. However, IPRO did not know that adjudication dates were incomplete or missing completely on the state side for medical and dental claims for some MCOs. This imposed some limitations for the analysis in regards to the lagging claims analysis and date frequency analysis.
- **Missing Dates of Service in DMS encounter data:** When running queries on DMS data, IPRO found that for certain records, missing dates of service are captured as '01/01/1900,' similar to missing adjudication dates. This could explain why matches could not be made between some MCOs and DMS.
- **Missing DMS encounter table in table comparison queries for Medical claims:** IPRO had mistakenly left out one encounter table from the DMS extracts which pertained to health homes. This impacted the rates of MCO data comparisons to DMS data. IPRO adjusted the rates of matching claims in **Table 3D** to account for this issue. Humana-CareSource's rate of match was significantly improved, but all other MCOs saw minimal improvement.
- **File layout specifications:** Approximately 75% of IPRO's analysis on the encounter data validation project dealt with discussing files layouts, cleaning up submitted data, and standardizing files from MCOs. Given the volume of claims for each encounter type and the different MCOs who provided the data, each file for medical, dental and pharmacy data had its own specific set of queries and checks to assess if MCOs had followed instructions. IPRO's takeaway from creating the file specifications is that more information and specifics are needed when providing data requests and file layouts to MCOs. Perhaps creating a FAQ sheet can help reduce time to standardize such large volumes of data for similar projects in the future.
- **Incorrect Medicaid IDs on the MCO-submitted files:** Even though checks were done for missing data on IDs, IPRO did not catch the few IDs that did not follow requested ID formats. Some MCOs had listed "UNKNOWN" or "MISSING" for Medicaid IDs. Others simply populated "0"s for the member IDs. Many of these seem to be listed to a newborn (based on date of birth or name listed as "BABY"). IPRO requests future advice from DMS on how to ask MCOs to list IDs for newborns who have no ID assigned or are listed under their mother's ID.
- **No MCO original claim numbers captured in DMS data:** With regard to the claim volume figures posted for **Figures 1, 2, and 3**, the frequency and pattern of claims submitted by MCOs matched what was captured on the DMS data, but the volume difference may have indicated that the same claims were captured in DMS data more than once. Due to time constraints, IPRO did not verify this assumption, but it would help for future analysis if DMS can capture MCO original claim numbers. This would help both IPRO and DMS to investigate questionable volumes of claims through encounter data validation or Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) studies, and help MCOs pinpoint issues much quicker.

Recommendations

- IPRO recommends that DMS include MCO original claim numbers in DMS data to help investigation in future EPSDT or EDV studies.
- IPRO suggests that DMS review the list of discrepant records from IPRO to assess if these records are indeed not captured in the state MMIS, and review the responses provided by the MCOs to verify or rebut their assessments on the sampled discrepancy records.
- Several MCOs indicated they are waiting on a response from the state on certain claims months after submission (**Table 1E**). IPRO recommends the state follow up on these records to investigate why a response was not sent on the status of these claims.
- Given CMS efforts in capturing accurate encounter data from all participating Managed Care states through its transformed MSIS system (T-MSIS), it would benefit Kentucky DMS to review its data regularly and include data edit checks for date inconsistencies. For pharmacy data, some claims had adjudication dates prior to drug dispense and/or prescription dates. For medical data and dental data, missing dates of service and adjudication dates were present. Accurate capture of adjudication dates would benefit financial teams investigating claim payments and services rendered for conducting studies or setting capitation rates.

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